



**McKeesport Area School District**  
**McKeesport, PA 15132**

School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Grade: \_\_\_\_\_ Room No. : \_\_\_\_\_

**HEALTH INFORMATION**

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here \_\_\_\_\_ and she will contact you.

Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:**

\_\_\_\_\_ Cancer \_\_\_\_\_ Kidney/Bladder Disease \_\_\_\_\_ Vision Problems \_\_\_\_\_ ADD  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_ Hearing Problems \_\_\_\_\_ ADHD  
\_\_\_\_\_ Heart Disease \_\_\_\_\_ Orthopedic/Bone \_\_\_\_\_ Social/Emotional/Behavioral Concerns  
\_\_\_\_\_ Autism \_\_\_\_\_ Bowel Concerns \_\_\_\_\_ In Counseling  
\_\_\_\_\_ Allergy To: \_\_\_\_\_ Severe: \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_ Asthma – Provoked by: \_\_\_\_\_ Severe: \_\_\_ Yes \_\_\_ No

Has above condition been diagnosed by a medical doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the doctor's name? \_\_\_\_\_

May we obtain this information? \_\_\_ Yes \_\_\_ No Signature for release of information: \_\_\_\_\_

What does the child do to manage their own condition?

\_\_\_\_\_

How can the teacher help with this at School?

\_\_\_\_\_

What symptoms should we report to you? \_\_\_\_\_

Takes Medication Daily at \_\_\_\_\_ Home \_\_\_\_\_ School

Medication is: \_\_\_\_\_

Taken for: \_\_\_\_\_

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (CHAPTER 195-182). YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e. limitations in activities, etc.).

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**OFFICE USE ONLY**

ALERT FLAG	78	Health Code 1	125	Health Code 1	125	Health Code	125
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